KING AIRWAY DEVICE (PERILARYNGEAL) - ADULT

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Use of the King Airway adjunct may be performed only on those patients who meet **ALL** of the following criteria:

    a. Unresponsive, agonal respirations (less than six (6) breaths per minute) or apneic.

    b. No gag reflex.

    c. Anyone over four (4) feet in height.

        i. 4-5 feet: Size 3 (connector color: yellow)

        ii. 5-6 feet: Size 4 (connector color: red)

        iii. 6 feet and over: Size 5 (connector color: purple)

ADDITIONAL CONSIDERATIONS

1. BVM management not adequate or effective.

2. A King Airway adjunct should not be removed unless it becomes ineffective.

3. Medications may **NOT** be given via the King Airway.

CONTRAINDICATIONS

1. Conscious patients with an intact gag reflex.

2. Known ingestion of caustic substances.

3. Suspected foreign body airway obstruction (FBAO).

4. Facial and/or esophageal trauma.

5. Patients with known esophageal disease (cancer, varices, surgery, etc.).

6. Epiglottitis.

7. Airway burns.

PROCEDURE

1. Using the information provided, choose the correct KING LTS-D size based on patient height.

2. Test cuff inflation system by injecting the maximum recommended volume of air into the cuffs (size 3 – 60 ml; size 4 – 80 ml; size 5 – 90 ml). Prior to insertion, disconnect Valve Actuator from Inflation Valve and remove all air from both cuffs.

3. Apply a water-based lubricant to the beveled distal tip and posterior aspect of the tube taking care to avoid introduction of lubricant in or near the ventilatory openings.

4. Have a spare KING LTS-D ready and prepared for immediate use.

5. Pre-oxygenate.

6. Position the head. (The ideal head position for insertion of the KING LTS-D is the "sniffing position".)

7. Hold the KING LTS-D at the connector with dominant hand. With non-dominant hand, hold mouth open and apply chin lift.

8. With the KING LTS-D rotated laterally 45-90°, introduce tip into mouth and advance behind base of tongue.

9. Rotate the tube back to the midline as the tip reaches the posterior wall of the pharynx.

10. Without exerting excessive force, advance KING LTS-D until base of connector is aligned with teeth or gums.

11. Holding the KLT 900 Cuff Pressure Gauge in non-dominant hand, inflate cuffs of the KING LTS-D to 60 cm H20. If a cuff pressure gauge is not available and a syringe is being used to inflate the KING LTS-D, inflate cuffs with the minimum volume necessary to seal the airway at the peak ventilatory pressure employed (just seal volume).

12. Attach the breathing circuit to the 15 mm connector of the KING LTS-D. While gently bagging the patient to assess ventilation, simultaneously withdraw the airway

until ventilation is easy and free flowing (large tidal volume with minimal airway pressure).

13. Reference marks are provided at the proximal end of the KING LTS-D which when aligned with the upper teeth give an indication of the depth of insertion.

14. Confirm proper position by auscultation, chest movement and/or verification of CO2 by capnography.

15. Re-adjust cuff inflation to 60 cm H2O (or to just seal volume).

16. Secure KING LTS-D to patient.

DOCUMENTATION

In the event the receiving physician discovers the device is improperly placed, an incident Report must be completed by the receiving hospital and forwarded to ICEMA within twenty-four (24) hours of the incident. Forms are available as part of the protocol manual and on the ICEMA website.